

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State, File No. 40244

BIRTH NO. _____		REG. DIST. NO. 5	PRIMARY REG. DIST. NO. 5406	Registrar's No. 74
1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Douglas		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Lincoln		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seymour Rt 2 034		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Susan c. (Last) Cornelius		4. DATE OF DEATH (Month) 12 (Day) 30 (Year) 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 7 1871	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Camden County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME George W. Woolsey		13b. MOTHER'S MAIDEN NAME Lucinda Miller		14. NAME OF HUSBAND OR WIFE Harrison Cornelius
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harrison Cornelius Seymour Rt 2
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7:30, 19 12-30-50, 19 12-30-50, that I last saw the deceased alive on 11-2-50, 1950, and that death occurred at 12:30 pm from the causes and on the date stated above.				
23a. SIGNATURE M.C. Bentley (Degree or title) M.D.		23b. ADDRESS 2nd Mo.		23c. DATE SIGNED 1-5-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Ray
24d. LOCATION (City, town, or county) (State) Webster Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kellay, Irvell Bergman Seymour Mo.		
DATE REC'D BY LOCAL REG. 1-6-51		REGISTRAR'S SIGNATURE 84 Uestal Bushman		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 9 - 1951

Dist. File 157-88

Date Filed 1-9-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Don FERRELL

Student Embalmer No. 397

working under my personal supervision.

Student Don Ferrell

Student Embalmer

Signed

H. H. Kelley

Licensed Embalmer No.

3334

P. O. Address

Fairfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.